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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

		Application Number	09/826,765
		Filing Date	April 5, 2001
		First Named Inventor	Amy Abbott
		Group Art Unit	3727
		Examiner Name	Lien M. Ngo
Total Number of Pages in This Submission (including this sheet)	2	Attorney Docket No.	1525.CHIS.PT

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Appeal Communication: <input type="checkbox"/> Appeal Notice <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief <input type="checkbox"/> Assignment with Cover Sheet <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Check in the amount of \$ <u>210.00</u> <input type="checkbox"/> Credit card authorization in the amount of \$ _____ <input type="checkbox"/> Declaration & Power of Attorney <input type="checkbox"/> Drawings _____ sheets <input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input checked="" type="checkbox"/> Extension of Time Request ____ 2 ____ month <input type="checkbox"/> Fee Calculation Table <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form 1449 <input type="checkbox"/> Copies of IDS References <input type="checkbox"/> Issue Fee Transmittal & Advance Order	<input type="checkbox"/> Maintenance Fee Transmittal ____ year <input type="checkbox"/> Missing Parts Response <input type="checkbox"/> Notification of Change of Attorney Address & Docket Number <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Revocation & Power of Attorney <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Other:	<input type="checkbox"/> Remarks

**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Attorney for Applicant	Julie K. Morrise, Registration No. 33,263 MORRISS O'BRYANT COMPAGNI, P.C. 136 South Main Street, Suite 700 Salt Lake City, Utah 84101 (801) 478-0071 telephone; (801) 478-0076 facsimile		
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Signature Julie K. Morrise Date 7-7-04

**CERTIFICATE OF MAILING UNDER 37 CFR § 1.8**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, on the date indicated below, in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or Printed Name	Julie K. Morrise		
Signature	<u>Julie K. Morrise</u>	Date	<u>7-7-04</u>

## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)



In re Application of Amy Abbott

Application Number 09/826,765 Filed April 5, 2001

For BOTTLE CARRIER DEVICE

Group Art Unit 3727 Examiner Lien M. Ngo

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows  
(check time period desired)

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 420.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/> Five Month (37 CFR 1.17(a)(5))	\$ _____

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 210.00.

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0881.

I have enclosed a duplicate copy of this sheet.

07/19/2004 HTECKLU1 00000002 09826765

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210.00 0P

I am the  applicant/inventor

assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record

attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

7-17-04

Date

Signature

Julie K. Morriss, Reg. No. 33,263

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.